

**APPLICATION FOR MEMBERSHIP**  
**Sons of The American Legion**

Date \_\_\_\_\_

**RECEIPT**

Detachment of \_\_\_\_\_ Squadron No. \_\_\_\_\_ Birth Date \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_ Recruited by \_\_\_\_\_  
(First) (Initial) (Last) (Initial) (Last)

Received from:

Address \_\_\_\_\_  
(Street) (City) (State) (Zip) (Telephone)

Veteran through whom eligibility is established \_\_\_\_\_

(a) Above is a member in good standing of Post No. \_\_\_\_\_ Department of \_\_\_\_\_

OR (b) Above is a deceased veteran who served honorably from \_\_\_\_\_ to \_\_\_\_\_

(c) Relationship of Applicant to Veteran \_\_\_\_\_

Has Applicant previously been a member of the SAL? \_\_\_\_\_ Where? \_\_\_\_\_

I hereby subscribe to the Constitution of the Sons of The American Legion, apply for membership, and

\$ \_\_\_\_\_

for payment of Dues

Squadron \_\_\_\_\_

Email Address \_\_\_\_\_ Transmit \$ \_\_\_\_\_ as annual membership dues

Detachment of \_\_\_\_\_

Signed \_\_\_\_\_ Eligibility certified by \_\_\_\_\_  
By Applicant or Parent)

Online version

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